

## CHAPTER 17 PRIOR AUTHORIZATION REQUIREMENTS

REVISION DATE: 6/17/2016, 4/16/2014

EFFECTIVE DATE: March 29, 2013

REFERENCES: [AHCCCS Medical Policy Manual](#); [Mercy Care Plan](#); [Care 1st](#); [United Healthcare](#); [Prior Authorization for HCBS](#)

To receive prior authorization for acute care services for a Division member enrolled with an acute care health plan, providers should contact the Prior Authorization Department of the member's acute care Health Plan.

To receive prior authorization for acute care services for a Division member enrolled with American Indian Health Program (AIHP), providers should contact the Division's Health Care Services Prior Authorization Unit at the contact information below.

The Division adheres to the prior authorization guidelines and timelines available in the AHCCCS Medical Policy Manual. The Division will no longer process requests for prior authorization of medical services after the services have been rendered. Standard authorization requests will be processed within 14 calendar days of physician's order. Expedited authorization requests must be noted as such and will be processed within three working days of physician's order.

Health Care Services/Prior Authorization Unit  
3443 North Central Avenue, Suite 600  
Site Code 795M  
Phoenix, Arizona 85005  
(602) 771-8080 phone  
(800) 624-4964 toll-free  
(602) 238-9294 fax

Prior authorization (Service Approval Matrix) for Home and Community Based Services can be found on the Division's website. Provider claims cannot exceed the hours documented on the *ALTCS Member Service Plan* (DDD 1500). Providers shall deliver services/tasks based on the member's Planning Document including the Service Evaluation.